

**The Commonwealth of Massachusetts
EMPLOYEE PERFORMANCE REVIEW FORM**

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| Name: Allan C. Stevenson | Evaluation Year: FY08 |
| Agency: Department of Public Health | Location/Unit: State Laboratory Institute |
| Job Title: Laboratory Supervisor II | Functional Title: |
| Supervisor: Julianne Nassif | Reviewer: |

The employee and supervisor should consult their EPRS Guide for a full explanation of the purpose and the process of employee performance review. Detailed instructions for completing this form are presented in the EPRS Supervisors Guide.

A Performance Planning: Employee and supervisor meet to plan the work for the year

☐ Discuss contributing role of employee in unit ☐ Discuss and finalize the duties and criteria

Primary Job Duties and Performance Criteria: On the reverse side list the employee's primary job duties from the most current position description and the performance criteria which will be used to evaluate the employee's performance of these duties during the performance period. Copies of the reverse may be used if more space is needed.

Signature: _____
Employee/Date Supervisor/Date Reviewer/Date
Comments attached: ☐ yes ☐ no ☐ yes ☐ no ☐ yes ☐ no

B Progress Review: Employee and supervisor meet to help the employee meet the criteria

Discuss progress for each duty ☐ Assign advisory rating for each duty ☐ Assign advisory rating for overall performance

Progress Review Summary Rating: ___ Exceeds ___ Meets ___ Below

Supervisor's Comments:

Signature: _____
Employee/Date Supervisor/Date Reviewer/Date
Comments attached: ☐ yes ☐ no ☐ yes ☐ no ☐ yes ☐ no

C Annual Review: Employee and supervisor meet to evaluate job performance ☐ Discuss job performance over whole year ☐

Rate performance for entire year for each duty ☐ Rate overall performance for entire year ☐ Formulate a Development Plan at the option of the employee-

Plan attached: ☐ yes ☐ no

Annual Review Summary Rating: ___ Exceeds ___ Meets ___ Below

Supervisor's Comments (explain ratings of unsatisfactory expectations, unanticipated contributions, areas of and unusual attendance pattern(s):

Supervisor: _____
signature/date

Employee: I ☐ agree ☐ disagree with this evaluation.

Employee's comments: _____
Employee: _____
signature/date

Reviewer's Determination: On the basis of my review I have determined that the employee's rating is:

___ Exceeds ___ Meets ___ Below

Reviewer's comments: _____
Reviewer: _____
signature/date

Employee: I ☐ agree ☐ disagree with the reviewer's determination. Employee's final comments:

Employee's comments: _____
Employee: _____
signature/date

Attendance: Number of days sick leave used

Number of days
off the payroll

Number of days tardy

